

AD\_\_\_\_\_

Award Number: DAMD17-01-1-0298

TITLE: Investigation of Alpha6 Integrins and Their Signaling  
Intermediates as Prognostic Markers for Breast Cancer

PRINCIPAL INVESTIGATOR: Michael Z. Gilcrease, Ph.D.

CONTRACTING ORGANIZATION: The University of Texas M.D. Anderson  
Cancer Center  
Houston, Texas 77030

REPORT DATE: May 2004

TYPE OF REPORT: Annual Summary

PREPARED FOR: U.S. Army Medical Research and Materiel Command  
Fort Detrick, Maryland 21702-5012

DISTRIBUTION STATEMENT: Approved for Public Release;  
Distribution Unlimited

The views, opinions and/or findings contained in this report are those of the author(s) and should not be construed as an official Department of the Army position, policy or decision unless so designated by other documentation.

**BEST AVAILABLE COPY**

**20040901 132**

**REPORT DOCUMENTATION PAGE**Form Approved  
OMB No. 074-0188

Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing this collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0188), Washington, DC 20503

<b>1. AGENCY USE ONLY</b> (Leave blank)		<b>2. REPORT DATE</b> May 2004	<b>3. REPORT TYPE AND DATES COVERED</b> Annual Summary (1 May 2001 - 30 Apr 2004)	
<b>4. TITLE AND SUBTITLE</b> Investigation of Alpha6 Integrins and Their Signaling Intermediates as Prognostic Markers for Breast Cancer			<b>5. FUNDING NUMBERS</b> DAMD17-01-1-0298	
<b>6. AUTHOR(S)</b> Michael Z. Gilcrease, Ph.D.				
<b>7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES)</b> The University of Texas M.D. Anderson Cancer Center Houston, Texas 77030  <i>E-Mail:</i> mgillcre@mdanderson.org			<b>8. PERFORMING ORGANIZATION REPORT NUMBER</b>	
<b>9. SPONSORING / MONITORING AGENCY NAME(S) AND ADDRESS(ES)</b> U.S. Army Medical Research and Materiel Command Fort Detrick, Maryland 21702-5012			<b>10. SPONSORING / MONITORING AGENCY REPORT NUMBER</b>	
<b>11. SUPPLEMENTARY NOTES</b>				
<b>12a. DISTRIBUTION / AVAILABILITY STATEMENT</b> Approved for Public Release; Distribution Unlimited				<b>12b. DISTRIBUTION CODE</b>
<b>13. ABSTRACT (Maximum 200 Words)</b>  Our goal was to evaluate the expression of $\alpha 6 \beta 4$ integrin in breast carcinoma and to test whether increased $\alpha 6 \beta 4$ -mediated signaling correlates with poor prognosis in breast cancers that overexpress $\alpha 6 \beta 4$ . We found that the $\beta 4$ gene does not appear to be amplified in breast cancers that overexpress the $\alpha 6 \beta 4$ integrin. We designed a probe for $\beta 4$ mRNA useful in evaluating $\alpha 6 \beta 4$ expression in formalin-fixed, paraffin-embedded tissues, and showed that $\beta 4$ mRNA expression appears not to be a prognostic factor in node-negative invasive breast carcinoma. Adhesion-independent cross-linking of $\alpha 6 \beta 4$ was found to be associated with phosphorylation of nonmuscle myosin II heavy chain, which may affect actin-myosin filament organization. We showed by immunofluorescence microscopy that cell-surface $\alpha 6 \beta 4$ clustering can be demonstrated following antibody-mediated cross-linking of the integrin not only in cell lines but also in fine-needle aspirates of breast carcinoma specimens. Although we could not demonstrate clinical significance in this study, further refinements are needed in the techniques to induce and detect integrin clustering in carcinoma specimens in order to determine whether detection of integrin clustering as a surrogate of integrin function will ultimately prove to be useful clinically.				
<b>14. SUBJECT TERMS</b> Alpha6, beta4, integrin, signal transduction, fine-needle aspiration breast cancer				<b>15. NUMBER OF PAGES</b> 8
				<b>16. PRICE CODE</b>
<b>17. SECURITY CLASSIFICATION OF REPORT</b> Unclassified	<b>18. SECURITY CLASSIFICATION OF THIS PAGE</b> Unclassified	<b>19. SECURITY CLASSIFICATION OF ABSTRACT</b> Unclassified	<b>20. LIMITATION OF ABSTRACT</b> Unlimited	

## Table of Contents

Cover.....	1
SF 298.....	2
Table of Contents.....	3
Introduction.....	4
Body.....	4-7
Key Research Accomplishments.....	7
Reportable Outcomes.....	7-8
Conclusions.....	8

## Introduction:

As the principal cell surface receptors for extracellular matrix proteins, integrins may play an important role in tumor cell invasion and metastasis. Recent reports suggest that the  $\alpha 6 \beta 4$  integrin, in particular, may be associated with the progression of breast cancer. In this project, we are investigating the hypothesis that: 1) the expression of  $\alpha 6 \beta 4$  integrin and/or its signaling intermediates is associated with poor prognosis in breast cancer, and 2) that increased  $\alpha 6 \beta 4$ -mediated signaling correlates with poor prognosis in breast cancers that overexpress  $\alpha 6 \beta 4$ .

## Body:

**Task 1.** To evaluate  $\alpha 6 \beta 4$  expression by in-situ hybridization using archival paraffin-embedded tissue sections from 250 cases of node-negative invasive breast carcinoma and correlate findings with ER, PR, and c-erbB-2 protein expression and clinical follow-up data (months 13-20; 21-28):

- a. perform and interpret ISH using a custom 40-base oligonucleotide probe for the  $\beta 4$  integrin subunit on paraffin sections from 250 cases of node-negative invasive breast carcinoma (months 13-20).
- b. correlate findings with ER, PR, and c-erbB-2 protein expression and clinical follow-up data (months 21-28).

Completed, as reported in the previous annual report.

**Task 2.** To measure gene copy numbers of the  $\beta 4$  gene in multiple breast cancer cell lines with known  $\alpha 6 \beta 4$  integrin expression using probes derived from 2 different BAC clones (months 1-8).

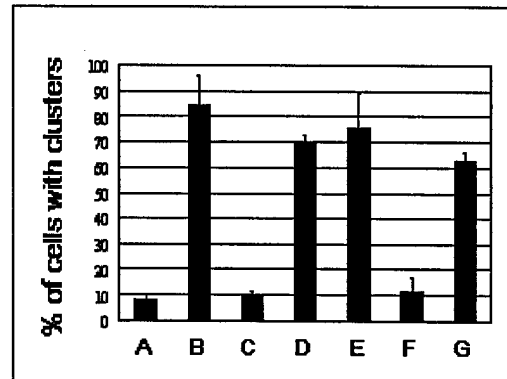
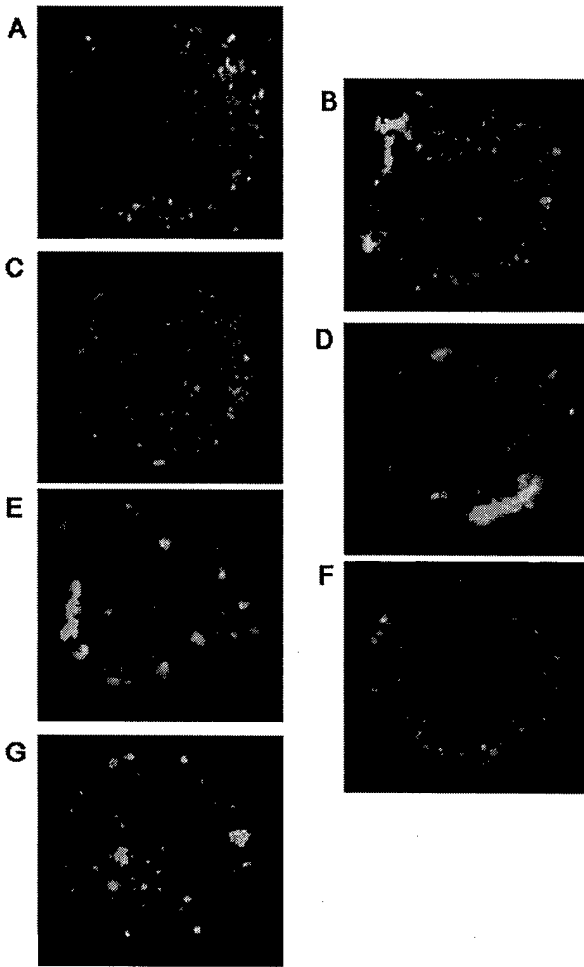
Completed, as reported in the first annual summary.

Because new findings obtained from Task 4 were used to complete Task 3, we will report Task 4 first:

**Task 4.** To characterize  $\alpha 6 \beta 4$ -mediated signaling pathways in multiple breast cancer cell lines (to assist in determining the best phosphorylation-state specific antibodies to use on the clinical specimens in Task 3)(months 1-20).

In our first annual report, we indicated that our in-vitro studies failed to show changes in the phosphorylation of FAK, PDK1, IRS-1, Shc, Erk, or Akt after cross-linking cell-surface  $\alpha 6 \beta 4$  integrin. In our second annual report, we showed that nonmuscle myosin II heavy chain (NMMHC) undergoes increased serine phosphorylation after cross-linking cell-surface  $\alpha 6 \beta 4$ , and that this increase was not seen in the presence of the PI3K inhibitor LY294002. We do not yet have a phosphorylation-state specific antibody to test whether there is increased phosphorylation of NMMHC in the fine-needle aspirates of the clinical specimens we have collected. However, we were able to demonstrate cell-surface  $\alpha 6 \beta 4$  clustering by immunofluorescence in the MDA-MB-231 cell line following cross-linking of cell-surface  $\alpha 6 \beta 4$ , and we showed that this process requires PI3K activity. We hypothesized that detection of  $\alpha 6 \beta 4$  clustering by immunofluorescence might serve as a technique for measuring an intact  $\alpha 6 \beta 4$  signaling pathway in fine-needle aspirates of breast carcinoma specimens.

Cell-surface  $\alpha 6 \beta 4$  was cross-linked on MDA-MB-231 cells in suspension by treating cells with a monoclonal antibody to the  $\beta 4$  integrin subunit at 4°C, followed by anti-IgG at 37°C. Immunofluorescence microscopy revealed that adhesion-independent cross-linking of  $\alpha 6 \beta 4$  resulted in the formation of prominent  $\alpha 6 \beta 4$  clusters (Figure 1A and 1B). Clustering of  $\alpha 6 \beta 4$  was significantly blocked when cross-linking was performed in the presence of PI3K inhibitors LY294002 and wortmannin (Figure 1C and 1F). In contrast, no significant inhibition of clustering was observed with protein kinase C inhibitor GF109203X (Figure 1D), rapamycin (Figure 1E), or heparin (Figure 1G).



**Figure 1.** Immunofluorescence microscopy performed on cells treated with anti-MHC I control (A) or anti- $\beta 4$  (B-G) on ice for 40 min, followed by anti-IgG in suspension at 37°C for 30 min without inhibitors (A,B) or with LY294002 (C), GF109203X (D), rapamycin (E), wortmannin (F), or heparin (G). Representative images show predominant  $\beta 4$  integrin distribution (clustered vs. dispersed). Table shows mean values of percent of cells with clusters  $\pm$  standard deviation for either three or four experiments performed in triplicate. At least 100 cells were evaluated in each group. Statistically significant differences were observed between A and B ( $p < 0.001$ ), B and C ( $p < 0.001$ ), and B and F ( $p = 0.001$ ).

LY294002, although highly specific for PI3K, is also known to inhibit casein kinase 2 (CK2). CK2 is known to phosphorylate nonmuscle myosin II heavy chain (NMMHC-II), which appears to play a role in “capping” of some cell-surface antigens. Integrin clustering may share some features of antigen capping, so it is important to exclude involvement of CK2. CK2 is extremely sensitive to inhibition by heparin. Lack of inhibition of integrin clustering by GF109203X or heparin indicates that neither PKC nor CK2 are required for integrin clustering. Inhibition of integrin clustering by both LY294002 and wortmannin and lack of inhibition by GF109203X or heparin effectively demonstrates that **adhesion-independent clustering of  $\alpha 6 \beta 4$  requires PI3K activity**. Future work in our laboratory will focus on delineating the mechanism of PI3K-dependent  $\alpha 6 \beta 4$  clustering.

Because  $\alpha 6 \beta 4$  clustering is a PI3K-mediated process, detection of  $\alpha 6 \beta 4$  clustering by immunofluorescence may serve as a technique for measuring an intact  $\alpha 6 \beta 4$  signaling pathway.

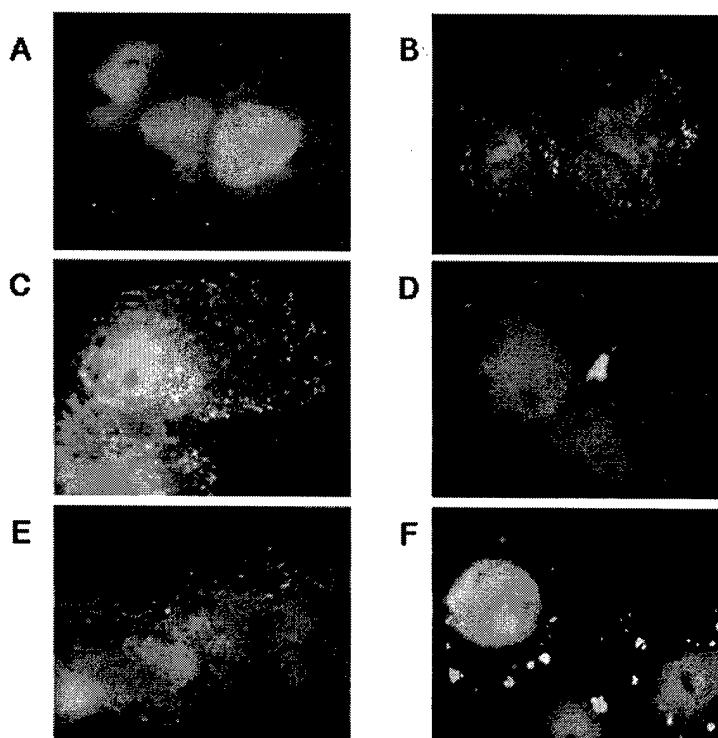
**Task 3.** To evaluate  $\alpha 6 \beta 4$ -mediated phosphorylation of signaling intermediates in fresh breast cancer specimens (months 1-36):

- prospectively acquire and isolate tumor cells from 100 fresh previously-untreated breast cancer specimens, and measure  $\alpha 6 \beta 4$ -mediated phosphorylation of signaling intermediates (months 1-30).
- correlate findings with clinical data (months 30-36).

- c. prospectively acquire and isolate tumor cells from 100 additional fresh breast cancer specimens previously treated with chemotherapy, and measure  $\alpha 6\beta 4$ -mediated phosphorylation of signaling intermediates (months 1-30).

Out of our goal of 200 specimens, we have collected and processed 171. Due to some loss of cellularity and/or viability upon completing the washing steps, only 72 specimens had enough cellularity to divide into two groups for treatment. Cytospins preparations were made of those with insufficient cellularity for treatment, to be banked for future studies. Those 72 specimens with sufficient cellularity were treated with either anti- $\beta 4$  or anti-MHC I (control) on ice for 40 min, followed by anti-IgG at 37°C for 30 min. Forty-nine of the 72 treated specimens had sufficient cellularity following treatment to evaluate for by immunofluorescence.

Most specimens had some degree of cell-surface  $\beta 4$  expression, ranging from minimal fluorescence of weak intensity to strong diffuse staining. Immunofluorescence, therefore, appears to be more sensitive than either immunohistochemical staining or in-situ hybridization for  $\beta 4$  mRNA. Nineteen out of 49 specimens (39%) underwent some degree of clustering after cross-linking cell-surface  $\alpha 6\beta 4$ . No clear differences were observed after cross-linking  $\alpha 6\beta 4$  on some specimens (Figure 2, A,B). Occasional cells from some specimens had distinct clusters (C,D), and many to most cells from other specimens had multiple prominent clusters (E,F) after cross-linking  $\alpha 6\beta 4$ .



**Figure 2.** Immunofluorescence microscopy performed on fine-needle aspirates of three different invasive breast carcinoma specimens (A,B, specimen 1; C,D, specimen 2; E,F, specimen 3) treated with anti-MHC I control (A,C,E) or anti- $\beta 4$  (B,D,F) on ice for 40 min, followed by anti-IgG in suspension at 37°C for 30 min. Representative images show predominant  $\beta 4$  integrin distribution (dispersed vs. clustered) and DAPI-stained nuclei.

The lymph node status of the 49 patients whose tumors were evaluated by immunofluorescence was reviewed to determine whether any correlation could be found between cell-surface  $\alpha 6 \beta 4$  clustering and the presence of lymph node metastases. Twenty-three of the patients (48%) had lymph node metastases at the time of pathologic staging. For those patients whose tumors showed  $\alpha 6 \beta 4$  clustering, 7 (39%) had lymph node metastases, compared to 16 (53%) with lymph node metastases whose tumors did not show  $\alpha 6 \beta 4$  clustering. For the number of patients evaluated, this difference was not statistically significant.

Refinements of this technique are clearly needed, as less than one third of the specimens collected were actually able to be evaluated by immunofluorescence after treating the specimens with our current technique. However, the good news is that  $\alpha 6 \beta 4$  clustering can be induced and detected in some breast carcinoma specimens. Because  $\alpha 6 \beta 4$  clustering is a PI3K-mediated process that represents an early step in some  $\alpha 6 \beta 4$ -mediated cell processes, our results demonstrate that a functional integrin signaling pathway can be detected in some breast carcinoma specimens. This pioneering study may help to shed light on how we can effectively measure cell-surface receptor function in carcinoma specimens in the future.

There is a great need to develop assays to measure functional signaling pathways in cancer specimens. The ability to detect functional  $\alpha 6 \beta 4$  in breast carcinoma specimens may be particularly relevant, as the  $\alpha 6 \beta 4$  integrin or its downstream signaling effectors could be important therapeutic targets for a subset of breast carcinomas that currently lack targeted therapies. In our future work, we will try to refine the technique for cross-linking  $\alpha 6 \beta 4$  to make it more feasible to perform on low-cellularity fine-needle aspiration specimens. Out of the 72 specimens treated, only 29 had sufficient remaining cellularity to prepare cell lysates following immunofluorescence analysis. These lysates will remain frozen and may prove to be useful in our future work as we further delineate the pathway of  $\alpha 6 \beta 4$  clustering.

#### **Key Accomplishments:**

- Two different probes for the  $\beta 4$  integrin subunit were made from BAC clones RP11-474I11 and RP11-552F3 and used on several breast cancer cell lines. No amplification of the  $\beta 4$  gene was detected (reported in first annual summary).
- A 40-base hyperbiotinylated oligonucleotide probe for the  $\beta 4$  integrin subunit was designed for use in an in-situ hybridization (ISH) assay, tested on multiple breast cancer cell lines and paraffin-embedded tissue sections of invasive breast cancer, and shown to be specific for  $\beta 4$  integrin subunit mRNA (reported in first annual summary).
- The oligonucleotide probe was used to evaluate the prognostic significance of  $\beta 4$  integrin subunit mRNA expression in a patient cohort with node-negative invasive ductal carcinoma of the breast. Expression of  $\beta 4$  mRNA was shown not to be a prognostic factor in this patient cohort, but the association of  $\beta 4$  mRNA expression with tumor size suggests that this integrin may nevertheless play a role in tumor progression, as suggested by in-vitro studies (reported in second annual summary).
- Cross-linking  $\alpha 6 \beta 4$  on breast carcinoma cells in suspension was shown to result in the PI3K-dependent phosphorylation of nonmuscle myosin II heavy chain.
- Cross-linking  $\alpha 6 \beta 4$  on breast carcinoma cell line MDA-MB-231 was shown to result in prominent  $\alpha 6 \beta 4$  cluster formation by immunofluorescence, and antibody-induced clustering of  $\alpha 6 \beta 4$  was shown to be an active process mediated by PI3K.
- Antibody-induced  $\alpha 6 \beta 4$  cluster formation in breast carcinoma specimens was demonstrated by immunofluorescence. Cluster formation by immunofluorescence may serve as a surrogate for functional  $\alpha 6 \beta 4$  integrin.

#### **Reportable Outcomes:**

- LK Diaz, X Zhou, K Welch, J Roach, A Sahin, R Herbst, MZ Gilcrease. In-situ hybridization for  $\alpha 6 \beta 4$  integrin in breast cancer: correlation with protein expression. *Mod Pathol* 15(1):33A, 2002

- Diaz LK, Cristofanilli M, Zhou X, Welch K, Smith TL, Sneige N, Sahin A, Gilcrease MZ. In-situ hybridization for  $\beta 4$  integrin subunit in node-negative invasive carcinoma of the breast. *Modern Pathol* 16(1):110, 2003
- Gilcrease MZ, Zhou X, Welch K. Alpha6beta4 integrin mediates PI3K-dependent phosphorylation of nonmuscle myosin II heavy chain in breast carcinoma cells in vitro. *Breast Cancer Res Treat* 82(Suppl. 1):382, 2003
- Diaz LK, Zhou X, Welch K, Sahin AA, Gilcrease MZ. Chromogenic in-situ hybridization for alpha6beta4 integrin in breast cancer: correlation with protein expression. *J Mol Diagn* 6(1):10-15, 2004
- Preliminary data from this study resulted in funding from the Susan G. Komen Breast Cancer Foundation to evaluate alpha6beta4 integrin as a prognostic marker in node-positive breast carcinoma (PI: MZ Gilcrease, BCTR02-2043, 5/1/2003 through 4/30/2005, \$249,996).

### Conclusions:

In summary, our goal was to evaluate the hypothesis that: 1) the expression of  $\alpha 6 \beta 4$  integrin and /or its signaling intermediates is associated with poor prognosis in breast cancer, and 2) that increased  $\alpha 6 \beta 4$ -mediated signaling correlates with poor prognosis in breast cancers that overexpress  $\alpha 6 \beta 4$ . We found that the  $\beta 4$  gene does not appear to be amplified in breast cancers that overexpress the  $\alpha 6 \beta 4$  integrin. We designed a probe for  $\beta 4$  mRNA useful in evaluating  $\alpha 6 \beta 4$  expression in formalin-fixed, paraffin-embedded tissues, and we showed that  $\beta 4$  mRNA expression appears not to be a prognostic factor in node-negative invasive breast carcinoma. However, an association between  $\beta 4$  mRNA expression and tumor size suggests that  $\alpha 6 \beta 4$  may nevertheless play a role in tumor progression.

Signal transduction by  $\alpha 6 \beta 4$  integrin was studied in breast carcinoma cell lines. Although we found no changes in the phosphorylation of FAK, PDK1, IRS-1, Shc, Erk, or Akt after cross-linking cell-surface  $\alpha 6 \beta 4$  on cells in suspension, we did find  $\alpha 6 \beta 4$  cross-linking to be associated with phosphorylation of nonmuscle myosin II heavy chain. This may affect actin-myosin filament organization and could play a role in tumor cell motility. We showed by immunofluorescence that cell-surface  $\alpha 6 \beta 4$  clustering can be demonstrated following antibody-mediated cross-linking of the integrin not only in cell lines but also in fine-needle aspirates of breast carcinoma specimens. Clustering of  $\alpha 6 \beta 4$  in breast carcinoma specimens could represent a surrogate marker of  $\alpha 6 \beta 4$  integrin function. We could not demonstrate any correlation between functional  $\alpha 6 \beta 4$  integrin, as assessed by antibody-induced  $\alpha 6 \beta 4$  clustering in fine-needle aspirates of breast carcinoma specimens, and the presence of lymph node metastases at the time of pathologic staging. Further refinements are needed in the techniques to induce and detect integrin clustering in carcinoma specimens in order to determine whether integrin clustering as a surrogate of integrin function will ultimately prove to be useful clinically.